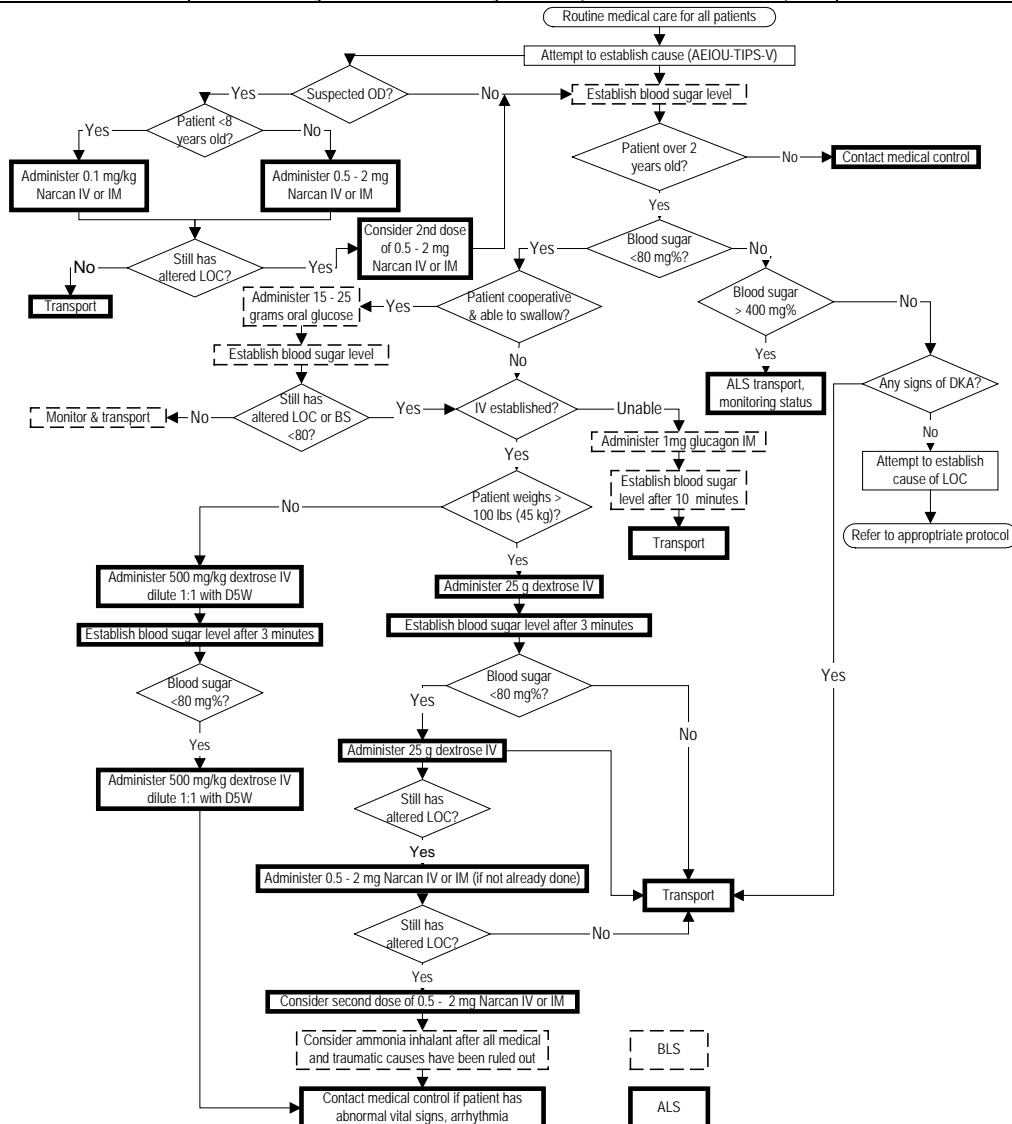


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Revision: 12

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
ALTERED LEVEL OF
CONSCIOUSNESS**

Approved by: Ronald Pirrallo, MD, MHSA
Signature: _____
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History:	Signs/Symptoms:	Working Assessment:
History of seizure disorder Known diabetic History of substance abuse History of recent trauma Presence of medical alert ID	Unresponsive Bizarre behavior Cool, diaphoretic skin (hypoglycemia) Abdominal pain, Kussmaul respirations, warm & dry skin, fruity breath odor, dehydration (diabetic ketoacidosis)	Altered LOC Insulin shock Hypoglycemia Diabetic ketoacidosis Overdose



NOTES:

- If the cause of decreased LOC is established, and the circumstances require physician intervention, contact medical control or apply the appropriate protocol.
- AEIOU-TIPS-V = A - alcohol, airway, arrest; E - epilepsy, electrolytes, endocrine; I - insulin; O - overdose, oxygen depletion, opiates; U - Uremia/chronic organ failure; T - trauma, tumors, temperature; I - infection; P - psychiatric, pseudoseizures; S - Syncope, shock, stroke, sickle cell crisis; V - vascular/lack of blood flow
- If the patient is suspected of being unconscious due to a narcotic overdose, restraining the patient may be considered before administering Narcan.
- Patients with a blood sugar in excess of 400 mg% and/or with signs/symptoms of diabetic ketoacidosis (Kussmaul respirations, dehydration, abdominal pain, altered LOC) must be monitored and transported by the ALS unit.
- A 12-lead ECG should be obtained for all diabetic patients with atypical chest pain or abdominal pain or other symptoms that may be consistent with atypical presentation of angina or acute myocardial infarction.
- BLS personnel may assist in patient prescribed IM administration of 1mg glucagon if IV access is not available.